

ISSUE BRIEF: FEDERAL APPROVAL OF IDAHO MEDICAID REFORM

FEBRUARY 23, 2007

Background

- Idaho initiated its modernization effort using State Plan authority with its first requests approved in May 2006.
- State Plan amendments were approved by the Centers for Medicare & Medicaid and included the following:

Foundation for Reform

- Basic Benchmark benefits plan (individuals with average health needs)
- Enhanced Benchmark benefits plan (individuals with disabilities or special needs)
- Medicare/Medicaid Coordinated benefits plan (dual eligibles)

Cost Containment Initiatives

- Multi-State Pharmacy Purchasing Pool (better price)
- Long-Term Care Partnership Program (encourage private financing)
- Limits on Asset Transfers (encourage use of private resources)
- Medicare enrollment as condition of Medicaid eligibility (↓ Medicaid costs)

Prevention & Wellness

- Healthy Schools nursing grants
- Behavioral and Wellness Preventive Health Assistance (encourage health behaviors and wellness)

Personal Responsibility

- Implements additional cost sharing for families with higher incomes

Simplifies Eligibility

- Removes asset test for children

Opportunities for Employment

- Individuals with disabilities can work, retain coverage by contributing to the cost of their care

Continued Progress

- Federal approval of additional state plan amendments and waivers include:
 - Moving Healthy Connections waiver into Benchmark Plans (reduces state administrative costs)
 - Consolidating two home & community-based waivers (Traumatic Brain Injury participants now receive services under Aged & Disabled waiver)
 - Adding a self directed service option under the Developmental Disabilities waiver (provides participants with greater choice & control over services)
 - Removing the contribution requirement for spouses under the Premium Assistance waiver. (makes premium assistance program more viable to small businesses)
 - Remove optional covered services in "Standard Plan" (reflects Deficit Reduction Act construct of choice between benchmark plans and standard plan)
 - State Plan Amendment to implement Chronic Disease Management Program using a pay-for-performance model

- Title XXI State Plan Amended request to implement Wellness PHA and co-pays for non-emergency use of emergency rooms and emergency transportation